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APPLICANTS

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**** CONTINUING DATA *******
 This application is a CIP of 10/447,453 05/28/2003

**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **
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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after All rights reserved	STATE OR COUNTRY CA	SHEETS DRAWING 11	TOTAL CLAIMS 49	INDEPENDENT CLAIMS 4
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Verified and Acknowledged
 Examiner's Signature: *[Signature]* Initials: *[Initials]*

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TITLE
 Textured and drug eluting coronary artery stent

FILING FEE RECEIVED 989	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____
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